



**STANTON CENTER (Extended Program)
RECREATION AND ENRICHMENT CAMP – 2010**

A wealth of recreational activities for youngsters, ages 6 through 12, are available this summer throughout the City of Annapolis. Offered for six weeks at the Stanton Community Center, the programs are held June 28th through August 6th (camps are closed July 5th in observance of Independence Day.)

Daily hours are from 8 a.m. to 5 p.m. Activities include arts and crafts, active and quiet games, and a special trips. Field trips and swimming require additional fees.

Fee: \$184 Resident Rate / \$212 Non-Resident Rate per child (payable at the time of registration.) We encourage early registration due to limited space availability at the Stanton Community Center.

Please make checks payable to: *Annapolis Recreation and Parks*

There will be no refunds once the registration fee has been paid. The following is an exception: in the event of illness or a move from the area, a refund may be issued if notification is received in writing by the Annapolis Recreation and Parks Department at least 24 hours prior to the start of the program. A \$5 processing fee will be deducted from all refunds. After the program begins, there will be no refunds or credits given for any reason.

PLEASE FILL IN COMPLETELY AND SIGN WHERE INDICATED:

NAME OF CHILD _____

PARENTS/GUARDIAN: (MOTHER) _____ (FATHER) _____

ADDRESS _____

PHONE (HOME) _____	Street _____	City _____	Zip _____
WORK (MOTHER) _____	WORK (FATHER) _____		
CELL (MOTHER) _____	CELL (FATHER) _____		

E-MAIL ADDRESS _____

EMERGENCY CONTACTS (1) _____ (2) _____
(indicate Name and Phone) (indicate Name and Phone)

DATE OF BIRTH _____ AGE _____ GRADE COMPLETED June 2010 _____
(Proof of age may be required for minimum and maximum age groups.)

Stanton Community Center (8 a.m. – 5 p.m.)

At dismissal time, my child will (please circle): walk be picked up by car

HEALTH: Does your child have any special needs or on any medication? ___ No ___ Yes If **YES**, an additional Care Plan will have to be completed and reviewed by the program physician. No medication will be administered by our staff.

IMMUNIZATIONS: Has your child had age appropriate immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella, and mumps? ___ Yes ___ No If **NO**, please explain on the reverse side of this form.

DATE OF LAST TETANUS SHOT: _____ Admission to program prohibited without information completed.

FAMILY DOCTOR: _____ **PHONE:** _____

SPECIAL NOTE: There will be a one-week probationary period for all children. After this time, your child will be evaluated to see whether our program is meeting his/her needs. If your child, at any time, is unable to follow the rules and regulations and/or endangers the safety of himself or other campers, he/she will be subject to dismissal from the program.

WAIVER: I hereby grant the Annapolis Recreation Department and/or its representatives power to act in any emergency if parent or guardian cannot be reached. Furthermore, as a voluntary participant in this and any other program of the City of Annapolis Department of Recreation and Parks, I/we recognize and acknowledge that there are certain risks of injury involved in any sport or recreational activity, and, with full knowledge of my/my child's physical capabilities or limitations, I agree to assume for myself/my child all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I and/or he/she may sustain as a result of participating in any and all activities connected with or associated with such programs. It is understood and agreed that Annapolis, its employees, and agents cannot be, and shall not be, responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. I understand and agree that I am responsible for notifying the City of Annapolis Department of Recreation and Parks of any such disabilities or sensitivities which I or my child may have in writing prior to enrolling in this program.

In consideration of the City of Annapolis Department of Recreation and Parks accepting me or my child in the program, and with the intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators and assigns, do hereby agree to forever release and discharge the City of Annapolis, its employees and agents against any liability incurred as a result of any injury or loss sustained during participation in the program, and further waive and relinquish all claims I and/or my child have or may have as a result of participating in this and all other programs of the City of Annapolis Department of Recreation and Parks. Furthermore, I promise not to sue the City of Annapolis, the City Department of Recreation and Parks and/or its officers, agents, servants, employees and insurers, for any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage to property, or any other loss to me on account of my participation in this and all other programs of the City of Annapolis Department of Recreation and Parks.

Parent/Guardian Signature _____

Date _____

SPECIAL EVENTS: _____ has permission to go on "SPECIAL EVENTS" as a participant of the ANNAPOLIS RECREATION DEPARTMENT summer program.

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

REGISTRATION CONFIRMED AND FEE PAID: _____ **PER:** _____